BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number 101576392			
		CLAIMS A	AS FILED - (Column			(Column 2)		SMALL ENT	IITY	OR	OTHER THAN SMALL ENTITY	
บ.ธ	S. NATIONAL S	STAGE FEES	·] .	RATE	FEE	, !	RATE	FEE
BAS	SIC FEE		SMALL ENT.	. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	300
EXA	AMINATION FE	EE	Satisfies PCT A	0/\$100	\$	other situations = \$ 100 / \$ 200	1	EXAM. FEE	<u> </u>	'	EXAM. FEE	400
SEA	ARCH FEE	•	U.S. Is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 ountries =	All ot	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	wo
FEE	FOR EXTRA S	SPEC. PGS.	min [,]	nus 100 =		/ 50 =	1	X \$ 125 =		'	X \$ 250 =	
тот	TAL CHARGEAE	BLE CLAIMS	16 mi	inus 20 =	*		1	X \$ 25 =	-	OR	X \$ 50 =	
INDI	EPENDENT CL	AIMS	m	ninus 3 =	*		1	X \$ 100 =		OR	X \$ 200 =	1
MUL	TIPLE DEPEN	IDENT CLAIM PRE	ESENT				1	+ \$ 180 =		OR	+ \$ 360 =	
* If	the difference	e in column 1 is I	less than zero	o, enter "C)" in co	olumn 2		TOTAL		OR	TOTAL	900
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						·-	SMALL E	ENTITY	OTHER THAN NTITY OR SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	IULTIPLE DEPI	ENDENT (CLAIM		1	+ \$ 180 =		OR	+ \$ 360 =	
,				.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
		(Column 1)		(Colum		(Column 3)	. ,			• ;		
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
					-		1 -	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
*									•			

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)